



ISSUE STATEMENT AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	ECW	11	3/19/98
FORMALITY REVIEW	DMG	57711	4/23/99

DMK

INDEX OF CLAIMS

P. G. 5D

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
(Through numeral) Canceled      A ..... Appeal  
- ..... Restricted      O ..... Objected

Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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